

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028792

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7505

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 6 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Deaconess Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

40 Jefferson Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Rev. Ervine

Peter

Inglis

4. DATE
OF DEATH

Month

Day

Year

July

30

1962

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/8/94

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

Hours

Min.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR INDUSTRY

Congre. Church

11. BIRTHPLACE (City and state or country)

Pawnee City, Neb.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

William Inglis

13b. MOTHER'S MAIDEN NAME

Agnes Smith

14. NAME OF HUSBAND OR WIFE

Frances Inglis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Frances Inglis, 40 Jeff. Rd.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

hour

DUE TO (b)

Acute Myelocytic Leukemia

week

DUE TO (c)

Arteriosclerotic Heart Disease

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

4200-H

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-31-48

to 7-30-62

and last saw her alive on 7-29-62

Death occurred at 3:00 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

8540 Big Bend

22c. DATE SIGNED

7-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

8/1/1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich, Webster Groves, Mo

25. DATE RECD. BY LOCAL REG.

JUL 31 1962

REGISTRAR'S SIGNATURE

H. M. D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Leslie Welch

Licensed Embalmer No. _____

P. O. Address _____

4395
Wilbur Graves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.